

# Psychotherapy Lessons that Inform Career Counselling



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**Abstract** This chapter introduces the reader to principles found to be efficacious in the practice of mental health-based psychotherapy, and their application to career counselling. Drawing upon the clinical psychotherapy research literature, and personal experience as therapists, the authors discuss two factors that have been found to each play a statistically significant and clinically beneficial role in the research literature on effective psychotherapy: the psychotherapy relationship and progress monitoring. We propose that these two factors in effective psychotherapy may have application and relevance to the practice of career counselling. The chapter also briefly discusses the use of the Internet in counselling, including ethical considerations.

**Keywords** Psychotherapy · Career counselling · Therapeutic alliance · Progress monitoring · Ethics and counselling

## Introduction: Principles in Evidence-Based Psychotherapy

When first invited to contribute a chapter to this handbook, the first author's initial reaction was one of reluctance and even considerable trepidation; although a well-published academic clinician, he is anything but an authority on vocational psychology or career counselling. His 40-year career has focused on the social and emotional needs of high ability children and youth, what happens psychiatrically when things go awry, and the efficacy of psychotherapy as one tool to ameliorate psychological problems and promote well-being and optimal mental health (Pfeiffer, 2018). Career counselling has not been on his professional radar screen! However, after some soul searching and deliberation with the second author, a Brazilian psychologist who completed a post-doctoral fellowship at Florida State University with

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the first author, we both reflected on a paper that the first author had written some thirty-five years ago at the invitation of a medical colleague. The paper sought to make a connection between effective counselling skills—as applied by accomplished psychotherapists, and the “bedside manner” of skilled physicians (Pfeiffer, 1986). This chapter essentially builds upon this earlier paper, arguing that what makes psychotherapy uniquely effective may have relevance and even important application to effective career counselling.

We need to start by defining some terms. First, let’s discuss what we mean by psychotherapy. Counselling or psychotherapy is a collaborative enterprise in which clients (often called patients) and therapists negotiate ways of working together on mutually agreed-upon therapeutic goals to foster positive outcomes (American Psychological Association [APA] Presidential Task Force on Evidence-Based Practice, 2006). Psychotherapy is viewed as a prescriptive, creative, and personal—even intimate, way of working with clients [or patients] to assist them in modifying, changing, reducing or eliminating factors that interfere with their otherwise effective living and quality of life (Corsini & Auerbach, 1998). Psychotherapy often is an intimate and creative process that provides what is called “corrective emotional experiences,” allowing clients to think, feel and act in ways that they may have avoided in the past. It can also be a means of enhancing a client’s functioning with the goal of optimizing mental health, subjective well-being, and even existential meaning in life (Frank & Frank, 1993; Frankl, 1959; London, 1986; Pfeiffer, 2018).

Before we begin discussing two salient and highly valued components of evidence-based psychotherapy,<sup>1</sup> and their possible relevance to career counselling, we start with a very brief overview of career development and career counselling. We will then explore the main thesis of our chapter; namely that findings from what makes psychotherapy effective may have possible application to career counselling.

## Goals of the Chapter

This chapter introduces the reader to principles found to be efficacious in the practice of mental health-based psychotherapy, and their application to career counselling. Drawing upon the clinical psychotherapy research literature, and personal experience as therapists, the authors discuss two factors that have been found to each play a statistically significant and clinically beneficial role in the research literature on effective psychotherapy: the psychotherapy relationship and progress monitoring. We propose that these two factors in effective psychotherapy may have application and relevance to the practice of career counselling. The chapter also briefly discusses the use of the Internet in counselling, including ethical considerations.

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<sup>1</sup>Because of space limitations, we limited our discussion to two evidence-based components of mental health psychotherapy. The reader should recognize that there are other, important elements that help make psychotherapy effective (for example, the judicious application of specific psychotherapeutic techniques).

## **An Overview on Career Development and Career Counselling**

As pointed on the Guidelines for Integrating the Role of Work and Career into Professional Psychology Practice (American Psychological Association, n.d.), work and career have a central role in the lives of individuals, therefore vocational well-being impacts emotional well-being (Blustein, 2008). The accomplishment of career goals is one of the career counselling purposes which involves a collaborative and supportive relationship that affords many different positive outcomes over the life span. Career counselling focuses on behavioral outcomes in the world of work, including career choice, work satisfaction, career adaptability, an awareness of internal and external factors that continue throughout the lifetime. This ongoing, complex process, or career development, is defined as “the total constellation of economic, sociological, psychological, educational, physical, and chance factors that combine to shape one’s career” (Sears, 1982, p. 139).

Smith and Wood (2018) conceptualize career development as all-encompassing, a focus on an individual’s total experience with their career, beginning in childhood with the early knowledge of self, and leading to career decision-making throughout life, the experience of work, and ultimately, retirement. Accordingly, these authors view career development as including both all those formal and informal experiences that constitute and impact one’s world-view of work and what work means in a person’s life. Zunker (2016) lists key issues career counsellors must be aware of, working in the 21st century, which include: lifelong learning, counselling in a culturally diverse society, the effective use of information, globalization and economic restructuring. Empirical studies of career development provide the basis for career interventions. Theories and research guide an evidence-based practice, and also help create reliable and useful measures fundamental to career assessment.

Career counsellors assist clients to explore, pursue and attain their career goals. A handbook on career counselling proposed by UNESCO in 2002 states that the career counselling process consists of four elements: (a) helping individuals to gain greater self-awareness in areas such as interests, values, abilities, and personality style, (b) connecting to resources so that they can become more knowledgeable about jobs and occupations, (c) engaging in the decision-making process in order to choose a career path that is well suited, and (d) assisting individuals to be active managers of their career paths (including managing career transitions and balancing various life roles) as well as becoming lifelong learners in the sense of professional development over the lifespan.

Maree (2017, 2018) reinforces the changes in the world of work must affect career counselling practices. Therefore, the use of a qualitative and quantitative approach integrating subjective and objective information is effective, especially with minority groups. Assessments are an important resource for counsellors working with career services. Career-related assessment provides information on interests, skills, and abilities; academic achievement; personality style; career beliefs, readiness, or maturity variables. Although not every counselling process uses testing, standardized

assessment results help to delineate intervention strategies that would best meet clients' subjective and special needs. The outcome and information provided should empower clients to make the best decisions, have more confidence and control on their career trajectory, but also point out areas that need attention and have intersections with career development, such as mental health issues (Osborn & Zunker, 2016).

Career development, as a scholarly field, and career counselling, as a practice field, are committed to understanding work behavior and to effectively and ethically applying this knowledge to practices that will enrich clients' lives (Brown & Lent, 2013; Sampson, 2017). Certainly, it can be expected that the career counselling process will frequently address mental health and quality of life aspects in a variety of circumstances, such as job transition, job loss impact, and changing career goals. These events might interfere with other life roles and influence emotional experiences, including anxiety, stress, confusion, and frustration (Dozier, Lenz, & Freeman, 2016).

Current approaches to career counselling that focus on the whole person advise the need to integrate in career development practice, and view as dynamically synergistic, both career and personal concerns (Zunker, 2016). Clients may need assistance in navigating their life career trajectory; and personality, values, or lifestyle preferences are relevant variables that must be considered. With this rationale in mind, interrelating these two dimensions—one's career and personal world, clients will be better served by professionals skilled in personal counselling and psychotherapy. "Effective counselling, regardless of the title or specialized training of the counsellor, requires a systems perspective where clients are viewed as whole individuals. Problems should not be viewed in isolation" (Sampson, 2007, p. 2).

## **Evidence-Based Practice of Psychotherapy: A Common Factors Perspective**

Psychotherapy researchers have long sought to determine both *how* and *why* psychotherapy works. The research has been wide-ranging, focusing on studying specific techniques (such as reciprocal inhibition, hypnosis, dream interpretation, mindfulness training, systematic desensitization, and Eye Movement Desensitization Reprocessing [EMDR], to name just a few techniques), extra-therapeutic factors such as level of social support, and client motivation to change, and the special therapeutic relationship between the counsellor and client—called 'common factors' (such as therapist empathy, therapeutic alliance, and client hopefulness).

While psychotherapy researchers have shed considerable light on our understanding of "what makes psychotherapy work," it is important that we not forget what Nobel Prize winner Kandel (1998) reminds us about recent advances in the clinical neurosciences informing psychotherapy. Kandel proposed that "all mental processes, even the most complex psychological processes (as those in psychotherapy), derive from operations of the brain" (p. 460). Kandel admonished clinicians that "insofar as

psychotherapy or counselling is effective... it presumably does so through learning, by producing changes in the gene expression that alter the strength of synaptic connections” (p. 460). Although we won’t elaborate further in this chapter on the rich and growing body of evidence from clinical neuroscience which helps us understand why, and when, psychotherapy works, we readily acknowledge that experience transforms the brain, cognitive, and emotional processes work in partnership at a physiological level, and finally, that psychotherapy activates and stimulates the neural substrates of the brain that can lead to real behavioral change. Okay, enough on how advances in neuroscience can help guide our understanding of psychotherapy.

A debate has existed within the psychotherapy research community for a long time about whether specific therapeutic techniques (often called therapeutic ‘ingredients’) or the therapeutic relationship (as mentioned above, often called ‘common factors’) is the active element or factor that produces the real benefits obtained when psychotherapy is effective. Our position—based on our careful review of the research literature and based on our first-hand experience as psychotherapists, is that *both* techniques *and* the common factors found in the therapeutic relationship are real and important when psychotherapy works. In this chapter, we will focus on what is uniquely special about the therapeutic relationship. We want the reader to appreciate that there are a large number of specific techniques, when judiciously applied for specific problems or psychiatric disorders that are quite helpful with proven scientific value. However, in this chapter we restrict our discussion to what is known about the power of the common factors in psychotherapy—those found in the therapeutic relationship. We focus on common factors because we believe that they have relevance and application to career counselling.

When clients are asked what they find most helpful in their psychotherapy, and when one examines the research on what specific factors predicts effective psychological treatment, the likely answer is: the psychotherapy relationship, the ‘healing alliance’ between the client and the therapist (Norcross & Lambert, 2018). There exists considerable research on the many facets that make up the therapy relationship. We have decided to focus on just a few facets, which will highlight—we hope—the power of the healing alliance, the common factors across all psychotherapies that make counselling effective. Gelso and Carter (1985, 1994) operationally defined the therapeutic relationship as the feelings and attitudes that the psychotherapist and the client have toward one another, and the manner in which these are expressed. Of course, this rather generic definition leaves open the potential to include almost everything under the *therapeutic sun*. It harkens back to the first author’s early work with primary care physicians on what constitutes effective *bedside manner* (Pfeiffer, 1986). Of course, when effective, the therapeutic relationship does not exist apart from what the clinician does in terms of method and planned interventions. As mentioned above, the psychotherapy field has distinguished between relationships and techniques. In reality, what one does and how one does it are complementary, synergistic, and inseparable. In other words, our position is that the value and impact of a treatment method or protocol is inextricably linked to the relational and interpersonal context of the counselling setting in which it is applied with the client. Relational elements, such as therapist humor, self-doubt/humility, timing, and deliberate practice

all play a role in successful counselling. However, meta-analyses of these relationship elements have not yielded large effect sizes, at least when primarily defined when examining distal post-treatment outcomes (Norcross & Lambert, 2018)—a topic that we cover in a subsequent section of this chapter.

Quantitative meta-analyses on psychotherapy outcome research has indicated, however, a group of common factors that do contribute to client success, factors that consistently yield large effect sizes across multiple studies. For example, Elliott, Bohart, Watson, and Murphy (2018) conducted a meta-analysis of 82 studies that investigated the association between psychotherapist empathy and client success at the end of counselling. Their meta-analysis, consisting of over 6000 client research participants, yielded a weighted mean  $r$  of .28. This is a medium effect size. The corresponding  $d$  was .58 (large effect size). A  $d$  of .58 is quite impressive. This number translates into more joyful and better adjusted clients; in other words, these 82 studies confirm that clients who work with more empathic therapists tend to progress more in treatment, evidence greater improvement, and less relapse following the conclusion of treatment.

Common factors that have been investigated in the psychotherapy research literature include: the therapeutic alliance, collaboration between therapist and client, therapist empathy, collecting and delivering client feedback, genuineness of the therapist, goal consensus, emotional expression, cultivating positive expectations, managing counter-transference, and self-disclosure and immediacy. For each of these common factors, at least ten independent research studies have been conducted with no fewer than 1000 client research participants. Norcross and Lambert (2018) summarized the meta-analytic associations between these relationship (common factors) components and psychotherapy outcomes in a special issue of the journal, *Psychotherapy*, aptly entitled, “Psychotherapy relationships that work.” Their summary of the meta-analytic associations concluded that alliance, collaboration, goal consensus, empathy, positive regard and affirmation, and collecting and delivering client feedback were “demonstrably effective.” They concluded, in addition, that: congruence/genuineness, emotional expression, cultivating positive expectations, and managing counter-transference were “probably effective,” based on the extant meta-analytic research. This is profound and compelling findings, in that the meta-analytic studies that they aggregated on these different common factors included from 10 to over 300 independent studies, with 1318 to over 30,000 client research participants!

What is the big-picture take-away from these research findings? We find three highly pertinent conclusions, with implications for career counselling.

- First, practitioners providing mental health-related psychotherapy *and* career counselling are encouraged to pay particular attention to nurturing and supporting the therapeutic relationship as one primary aim of their treatment. This is particularly true for cultivating the therapeutic alliance between clinician and client; creating a sense of collaboration and goal consensus—an attitude of “we are in this together as a team,” and establishing agreed-upon, mutually shared goals. Therapist empathy—understanding what the client is experiencing or trying to

express in counselling or psychotherapy—is a highly powerful common factor in all effective counselling.

- Second, practitioners are encouraged to routinely monitor clients' satisfaction with the counselling relationship, comfort with the planned efforts, and response to treatment. This is as true in career counselling as in mental health psychotherapy. A next section of the chapter provides more detail on this very point about progress monitoring—monitoring of *both* the quality of the therapeutic relationship and the headway and improvement toward shared treatment goals. Progress monitoring sends a powerful message to the client that the clinician genuinely cares about them and their work together, and it also provides the therapist with real-time feedback on how counselling is evolving, including whether adjustments need to be made.
- Third, practitioners need to be open to the possibility that their work with one or more clients may not be characterized by a strong working alliance. Not every client is equally easy or pleasant to work with! And yet the quality of the alliance has consistently correlated with psychotherapy outcome; stronger alliances being associated with better therapeutic outcomes (Horvath, Del Re, Flückiger, & Symonds, 2011; Zilcha-Mano, 2017).

Next, we turn to the topic of progress monitoring and outcome assessment. This is one of the factors that a systematic review of the meta-analytic outcome literature indicates correlates with successful outcomes in counselling. In fact, a recent meta-analysis of routine outcome monitoring of 24 independent studies by Lambert, Whipple, and Kleinstäuber (2018) concluded that routine outcome monitoring is correlated with improved outcomes—it contributes to psychotherapy relationships that work! Professional bodies such as the American Psychological Association (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006) has recommended that routine outcome monitoring be a part of effective psychological services.

## **The Importance of Progress Monitoring and Feedback**

Now that we have provided an overview on career development and counselling, and made what, we hope, is a compelling case for the efficacy and power of 'common factors' in mental health psychotherapy, we discuss in a bit more detail the important factor in the efficacy of successful psychotherapy: the value of progress monitoring and measuring outcomes. The first author began writing on the importance of outcome monitoring over twenty-five years ago, in a series of invited essays for *Perspectives on Outcomes* (Pfeiffer, 1998a, 1998b). It seems intuitive and logical that implementing reliable outcome monitoring protocols that gauges the effectiveness of planned psychotherapeutic efforts are essential to best clinical practice (Pfeiffer & Shott, 1996). Progress monitoring and outcome assessment specifically quantify, in reliable and in real-time, the short- and longer-term impact of therapeutic services.

An example from the medical-surgical field may help illustrate this very point. Assume that a patient is admitted to an emergency room with an acute myocardial infarction (i.e., a heart attack). The attending physician determines that the patient requires specific medication to alleviate the immediate chest pain, bed rest, a change of diet, increase in exercise and elimination of smoking to stabilize his precipitous medical condition and lastly a surgical procedure to restore blockage of two arteries adjacent to the heart. To be considered a successful treatment, the cardiac team requires both short-term and longer-term favorable outcomes for the patient.

In this example, the short-term outcome is obviously the alleviation of the acute and painful chest pain that initially brought the patient to the emergency room. The longer-term outcome—as much a measure of the success of the cardiac team’s intervention as the short-term outcome—is the discharged patient’s return to a normal quality of life with no more likelihood than any other male his age, race/ethnicity, or demographic profile of experiencing a second acute myocardial infarction.

The combined impact of the surgery, nutritional counselling, physical therapy consultations, and physician’s admonition regarding smoking and adopting a healthier lifestyle will all be put ‘to the test’ when the hospital contacts the patient six-months and one-year following his initial hospitalization to measure his adherence to the prescribed treatment by the cardiac team. These follow-up contacts (i.e., the 6-month and one-year follow-ups) assess the longer-term impact of the cardiac program’s planned efforts, and are every bit as important as the successful short-term outcome promoted by the cardiac team. Both the immediate and the longer-range outcomes speak to the quality of care, efficacy, and value that the cardiac team provided to the patient (Pfeiffer, 1998a, 1998b).

We believe that the same logic applied to the above medical-surgical example can, and should, be equally embraced by and applied to the behavioral healthcare field—including the practice of psychotherapy and career counselling. Clients, family members, insurance companies and other funding sources, tax payers, and various other constituent groups and stakeholders all expect mental health psychotherapy and career counselling services to have what the first author calls ‘holding power.’ In other words, it makes very little sense—from a financial, ethical, or allocation of human resources perspective—to provide intensive, often highly personal and even ‘intrusive,’ and typically expensive psychotherapy and career counselling services if the client only accrues very short-term benefits.

There is another, related but somewhat distinct benefit to routine outcome monitoring of psychotherapy, and career counselling. There is a subtle but pernicious self-assessment bias among all physicians and psychotherapists. The general perception of healthcare providers is that their own success rate approaches 85% (i.e., their clinical judgment is that almost all of their clients improve as a result of their efforts on their behalf). Each clinician also believes that their own clients experience better outcomes than their fellow clinicians’ clients, a fascinating finding that holds true not only for physicians and psychotherapists, but across many professions and craftsmen (Walfish, McAlister, O’Donnel, & Lambert, 2012). Practitioners rarely note worsening in their client’s record. In other words, psychotherapists, and very likely career counsellors, are biased toward the positive, and are optimistic about

the potential for change that their therapeutic work brings to bear on their clients (Lambert, 2017; Pfeiffer, 1998a).

The reality is that not all psychotherapy is universally effective or helpful. The same is very likely true for career counselling. In a number of well-controlled psychotherapy outcome research studies, a majority of treated clients improve (depending upon a host of factors, such as severity and chronicity, initial age of onset of the dysfunction, social and familial factors). But not *all* clients improve, and a small percent—perhaps 8%, actually worsen (Lambert, 2017). What this means is that routine outcome monitoring, with real-time feedback, is critically important to alert clinicians to lack of progress, and even potential treatment failures (Pfeiffer, 1998a, 1998b; Pfeiffer, 2015). Feedback is critically valuable in mental health psychotherapy and medicine, and we suspect, in career counselling, as well, because timely feedback reinforces and improves human performance. Measuring, monitoring, and providing ongoing feedback during the course of psychotherapy, even short-term counselling and career counselling, improves outcomes (Lambert, 2017). Objective outcome assessment data corroborates a clinician's subjective impressions of success (or lack thereof). And timely outcome assessment data can help adjust a clinician's planned efforts if the data is not as favorable as expected. Ongoing, real-time feedback using reliable outcome assessment data enables a psychotherapist and career counsellor to be exquisitely attuned and responsive to the client. It provides opportunities for the clinician to make adjustments during the course of the counselling.

Electronic technologies can serve a facilitative role in monitoring client improvement and measuring outcomes. A number of recent research studies, in fact, have demonstrated the cost-effectiveness and clinical value of self-rated and clinician-rated electronic outcome monitoring measures (Lambert, 2017; McAlpine, McCreedy, & Alang, 2018; Murphy et al., 2011). There are a number of clinical, ethical, and practical issues to consider when implementing a client monitoring and outcome protocol. A few concerns include protecting and limiting access to the outcome data, coding the data to protect the identity and confidentiality of the clients, ensuring that the measures are reliable and valid for their specific, intended purposes, and determining *a priori* just how much change is enough to warrant client improvement (Pfeiffer, 1998a, 1998b). We recommend that solo and clinicians in group practice, as well as agencies and large-scale healthcare organizations, consult with an outcome measurement expert before setting up a routine monitoring outcome system. There are enough small details to “drive the clinician batty” without the sound advice of an expert. We next turn to internet-based assessment and counselling, a topic related to the above discussion on electronic routine outcome monitoring.

## **Internet-Based Assessment and Counselling**

The rise in popularity and use of internet-assisted modes of communication resulted in the potential for new delivery methods of mental health services, as online coun-

selling. E-therapy, telepsychology, tele-mental health, are other names of this new service modality in the digital era. Many studies and a few meta-analysis reviews pointed online counselling can be as effective as face-to-face sessions (Anderson & Titov, 2014; Barak, 2010). Despite empirical evidence and the important role information and communication technology has in our society, the long-term implications of distance counselling are unknown, and many clinicians remain unfamiliar or uncomfortable with the potential of online delivery service. Moreover, the use of online services demands a professional ethical behavior where security, privacy, and confidentiality are mandatory concerns that will ensure 'best practice' principles. This section explores some challenges, opportunities, and ethical issues online practitioners have within this chosen service, as discussed by Kraus, Stricker, and Speyer (2010); Goss, Anthony, Stretch, and Nagel (2016) and others.

Technology facilitates reaching clients who are limited by geographic location, financial constraint or medical condition, to gain access to counselling services. Also, shy or socially phobic clients who are uncomfortable with face-to-face interaction can often benefit from this less intimate arrangement. Internet-facilitated counselling is offered in a multiplicity of modes and contexts, some examples are text-based counselling, video or audio calls, asynchronous communication through email, synchronous through chat or instant messaging. Videoconferencing is the most popular platform because it is real time and most similar to in-person encounters, as the psychotherapist and client can see and hear each other simultaneously. Usually synchronous sessions are recommended because the clinician is able to observe nonverbal cues and subtle messages that otherwise could be missed using other e-technology.

Of course, text-based *e*-therapy is dependent on the client's writing abilities. An advantage is that the therapists' thoughts are more objective, visible, concrete and permanent. In asynchronous communication, unlike verbal conversation, the time delay affords the benefit of providing more time to reflect in a deliberate way on the choice of wording and phrasing. Taping has the advantage of reinforcing insights and important discussion points during the construction of a personal narrative; in addition, clinicians can help clients express themselves through writing—often a valuable adjunct to mental health psychotherapy. Therefore, it is important to verify in the beginning of the process the client's preference, comfort level, and skills in writing, reading and typing. Questions proposed by Suler (2010) help to assess the suitability for a text-based psychotherapy: "What do reading and writing mean to the person? What needs do these activities fulfill? Are there any known physical or cognitive problems that will limit the ability to read and write?" (p. 24).

Online practitioners must be aware that the use of words influences the quality of text relationship; poor writing may result in misunderstanding. Compared with face-to-face psychotherapy, text-based communications can create issues such as: loss of cues (silence or other meta-communication), anonymity, disinhibition, or "log off" when the client feels in distress. The lack of cues, without seeing the client's facial expression, tone of voice or body-language, can lead to ambiguity, misinterpretation, and increase the 'projection' of the clinicians' own expectations—all impacting transference and counter-transference (Kraus, Stricker, & Speyer, 2010). Despite best-

practices and ethical standards, as the Guidelines for the Practice of Telepsychology, recommends the establishment of client identity for safety and avoid dual relationship, anonymity may be reasonable under some circumstance as well. Disinhibition is one of the effects of asynchronicity and “invisibility” over the text-based online counselling, as people feel more comfortable to self-disclosure and to discuss problems.

Barak (2010) notes that internet-based assessment might be useful for psychotherapists and counsellors; Barak suggests that clients can be administered various types of psychological and vocational tests through the web, including personality inventories, career-interest questionnaires, or intellectual ability tests. While administering online instruments or guiding clients to complete the tests by themselves, clinicians perceived clear benefits, including real-time feedback to the clients. Other efficient uses include having clients complete mental-health screening scales while waiting for their session or evaluating a client’s readiness for online counselling.

It is apparent that online-assessment is a new and burgeoning component of counselling practice, with obvious advantages. What is perhaps less apparent are the unintended and not fully considered ethical and legal and privacy risks with its use and implantation in psychotherapy and career counselling practices (Anderson & Titov, 2014).

## **Some Ethical Considerations in Online Counselling and Psychotherapy**

Ethical standards related to online health and career service can be found at the Guidelines for the Practice of Telepsychology (Join Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013), American Counselling Association Code of Ethics (2014) and 2015 NCDA Code of Ethics (National Career Development Association, 2015). Space limits our discussion to only a few issues. Those documents offer helpful guidance and recommendations; this is clearly an evolving and dynamic area of counselling practice, and professionals must be cognizant of applicable law and regulations and ethics that govern online practice.

### ***Confidentiality***

When planning to initiate a distance counselling relationship, practitioners must inform their clients of the likely benefits and potential limitations and risks of technology. The practitioner needs to be able to protect the client’s personal data and confidential information. It is necessary to apply security measures to protect data and information from inappropriate and unintended breaches. The use of encryption is nonnegotiable, and therapists must be aware of the legal implications of the platform they are using. Procedures to ensure data storage and transmission must be

used in a manner that facilitates protection and appropriate disposal. Of course, it is imperative to use a secure, robust password, with a secure back-up system in place.

### *Informed Consent*

The Guidelines for the Practice of Telepsychology reminds the practitioner that informed consent between therapist and client is imperative, even whether using distance counselling, social media or technology. There are unique issues that must be addressed in the consent process as pointed by the Code of Ethics from ACA (2014): “distance counselling credentials, physical location of practice, and contact information; risks and benefits of engaging in the use of distance counselling technology, and/or social media; possibility of technology failure and alternate methods of service delivery; anticipated response time; emergency procedures to follow when the counsellor is not available; time zone differences; cultural and/or language differences that may affect delivery of services; possible denial of insurance benefits; and social media policy” (p. 17).

### *Evidence-Based Assessment (EBA)*

The scope of EBA ethics is twofold, including both the process through which assessment is conducted, and the tests and measures utilized for the evaluation (Hunsley & Mash, 2007; Pfeiffer, 1998a, 1998b). Assessment in psychotherapy—and in career counselling—is inherently a decision-making process fraught with biases and potential errors that plague clinical decision-making. For example, practitioners are subject to cognitive heuristics and biases such as confirmatory bias. Confirmatory bias is preferentially seeking evidence or data consistent with an initial hypothesis or conceptualization of the client’s situation or problem at the cost or risk of not considering emerging, new or contradictory information (Garb, 2005). See our earlier discussion on this very topic when explaining the importance of ongoing progress monitoring and outcome assessment. The practitioner needs to be cognizant of a number of potential assessment and diagnostic ‘land-mines,’ and intentionally seek not only corroborative but potentially contradictory data to ensure a fair and objective and clinically meaningful assessment.

A related component of this pernicious ethical issue in clinical assessment is the importance of using standardized instruments with documented reliability and validity. And also, the availability of local norms, when appropriate. This may sound like a simple solution for the practitioner, but it really isn’t. The practitioner needs to identify tools of established reliability and validity metrics designed for the specific population and task that they are intended, measures that are readily available, free or inexpensive, brief, and easy for the client to complete (Pfeiffer, 1998a, 1998b). The challenge becomes greater in low resource mental health and career counselling

settings; identifying which measures to use in the public sector is further complicated by the sheer volume of diagnostic and assessment tests available to select from, high workload, low financial resources, limited time, and the intense demands for resources (Nunno, 2006).

### ***Digital Mediums and Ethical Issues***

In order to have a successful online presence and practice, professionals need to reflect on the goals and objectives for using these tools. As mentioned already, practitioners need to be familiar with the new field using e-technology in clinical practice, be well-versed with the regulations and standards for practice within their profession and understand the strengths and limitations of using e-technology. For example, when maintaining a professional website or an internet page that offers distance counselling services, it is important to have accessibility to persons with disabilities, or translation capabilities. Therapists must ensure that electronic links are working and professionally appropriate, as well as provide links to relevant licensure and professional certification boards. When using public media, therapists must avoid disclosing confidential information, and make sure that the client's preferences and privacy for social media is fully respected and paramount.

Emerging technologies have an important potential role in marketing and delivering much-needed mental health psychotherapy and career counselling services. Mental health professionals must be vigilant and exquisitely cautious in respecting ethical standards and guidelines relevant to the use of e-technology. Some obvious issues include: boundaries between private and professional lives; online data security that could be accessed, copied, forwarded or shared; presenting partial information (intentional bias); out-of-date information; or digital exclusion of groups, must be considered and counsellors play a key role in helping individuals and clients evaluate, use, and contribute to social media information. Periodic training is imperative to become knowledgeable about these new resources (Kettunen & Makela, 2018; Sampson et al. 2018).

The Ethical Principles of Psychologists and Code of Conduct (APA, 2017), the Guidelines for the Practice of Telepsychology (Join Task Force for the Development of Telepsychology Guidelines for Psychologists, 2013) and the National Career Development Association Code of Ethics (2015) offers important information to assist clinicians and counsellors who aim to create and maintain a virtual professional presence: (a) separate professional from personal presence on social media to clearly distinguish between both kinds of digital presence; (b) only post or provide information within the scope of your professional competence and qualifications; (c) act judiciously to protect the privacy, confidentiality and reputation of clients, colleagues, organizations, and others; (d) respect privacy of client's virtual presence and avoids searching their social media information; (e) provide fair and equitable treatment to all clients, an example is to have an alternate service delivery method for the ones who lack technical knowledge; (f) respect copyright, trademark, fair use

laws, and original sources, as when others' content is posted sources are clearly identified with links to original materials; (g) educating clients about the role of social media in the career development process and job search, promoting an understanding of the benefits and risks of it.

## Concluding Comments

We have covered a great deal of territory in this chapter. Perhaps more than we initially intended to initially discuss! We hope that the reader has found our discussion on common factors in psychotherapy valuable. And we hope that the reader has grasped the underlying message intended by our writing this chapter: many of the things that have been shown to be helpful in psychotherapy can be applied to career counselling. The components of the therapeutic relationship, often called the common factors in psychotherapy, are one such group of relational elements that, we contend, may apply with equal relevance in successful career counselling. Many contend that so much of what occurs in career counselling mirrors the processes found in effective psychotherapy. We agree. We hope that practitioners within the career counselling field consider the importance of creating a sense of collaboration and goal consensus—an attitude of “we are in this together as a team,” and establishing agreed-upon, mutually shared goals. We hope that career counsellors also recognize and appreciate the value of empathy in their work—understanding what the client who is seeking career guidance is experiencing or trying to express.

We also have argued that routine progress monitoring and outcome assessment, shown to be correlated with positive outcomes in psychotherapy, may hold similar value in career counselling. We think it should. Future research will hopefully confirm this belief. Finally, we have discussed online counselling, its uses and some cautionary notes. It is apparent that the *e-train* has already left the counselling station, and that it is our collective responsibility and obligation to ensure that we apply this new technology in a thoughtful, compassionate, ethical, legal manner. And that researchers evaluate its efficacy and cost-effectiveness across both mental health psychotherapy and career counselling.

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